

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
RECOMBINANT HUMAN METAPNEUMOVIRUS AND ITS USE, the specification of which

- ☒ is attached hereto.
- ☐ was filed on _____ as United States Application No. _____.
- ☐ was described and claimed in PCT International Application No. _____, filed on _____, and as amended under PCT Article 19 on _____ (if applicable).
- ☐ and was amended on _____ (if applicable).
- ☐ with amendments through _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. If this is a continuation-in-part application filed under the conditions specified in 35 U.S.C. § 120 which discloses and claims subject matter in addition to that disclosed in the prior copending application, I further acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of an PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

| Prior Foreign Application(s) | Country | Filing Date | Priority Claimed |
|------------------------------|---------|-------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date |
|-----------------|-------------------|
| 60/451,119 | February 28, 2003 |
| 60/478,667 | June 13, 2003 |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

| Application No. | Filing Date | Status: patented, pending, abandoned |
|-----------------|-------------|--------------------------------------|
| | | |

I hereby appoint the attorney(s) and/or agent(s) associated with **Customer Number 05318**, all of the National Institutes of Health, Office of Technology Transfer, 6011 Executive, Boulevard, Suite #325, Rockville, MD 20852, to prosecute this application, to file any corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith.

I also grant an Associate Power of Attorney to the attorney(s) and/or agents(s) associated with **Customer Number 36218**, at the law firm of Klarquist Sparkman, LLP.

Address all telephone calls to Susan Alpert Siegel, Ph.D., telephone number 503/226-7391 and facsimile number 503/228-9446.

Address all correspondence to **Customer Number 36218**:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature _____

Date _____

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